

# EAU CLAIRE PARKS AND RECREATION Athletic Team Registration Card

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**TEAM NAME**

**PREVIOUS TEAM NAME (if applicable)**

**TELEPHONE (home)**

**TEAM MANAGER/PARTNER 1 (name)**

**TELEPHONE (work)**

**E-MAIL (please print)**

**TELEPHONE (cell)**

**TEAM MANAGER ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

## PARTNER INFORMATION (2nd Partner)

This MUST be filled out for leagues with 2 partners (Pickleball, Bean Bag, etc.)

**PARTNER 2 (name)**

**TELEPHONE (home)**

**E-MAIL (please print)**

**TELEPHONE (cell)**

## SPORT (select one)

- |   |   |
|---|---|
| <input type="checkbox"/> BEAN BAG / CORNHOLE  | <input type="checkbox"/> SOFTBALL - Modified Pitch                  |
| <input type="checkbox"/> FLAG FOOTBALL        | <input type="checkbox"/> SOFTBALL - Slow Pitch                      |
| <input type="checkbox"/> KICKBALL             | <input type="checkbox"/> ULTIMATE FRISBEE                           |
| <input type="checkbox"/> PICKLEBALL           | <input type="checkbox"/> VOLLEYBALL 4 vs 4                          |
| <input type="checkbox"/> SOCCER               | <input type="checkbox"/> VOLLEYBALL - Power (Officiated)            |
| <input type="checkbox"/> SOFTBALL - Fastpitch | <input type="checkbox"/> VOLLEYBALL - Recreational (Non-Officiated) |

## LEVEL OF PLAY (select one)

- ☐ ADVANCED DIVISION  
☐ INTERMEDIATE DIVISION  
☐ LOWER DIVISION

## LEAGUE (select one)

- ☐ COED  
☐ MEN  
☐ WOMEN

## SEASON (select one)

- ☐ SUMMER ☐ FALL  
☐ SPRING ☐ WINTER

## TEAM STATUS (select one)

- ☐ NEW  
☐ RETURNING

## PREFERRED DAY OF PLAY (select one)

- ☐ SU ☐ M ☐ TU ☐ W ☐ TH

## SPECIAL REQUESTS (special requests are considered, not guaranteed)

## HOW TO REGISTER

**MAIL/IN PERSON:** Completed form and payment to 915 Menomonie Street.

**FAX:** Completed form and Credit Card payment to (715) 839-1685

If faxing: Please write your credit card number, expiration date and 3 digit security code on the bottom of this form.

**We DO NOT accept payments/team registrations over the phone or via email.**

## FOR OFFICE USE ONLY

INITIALS	DATE	RECEIPT #	AMOUNT PAID
League Placement			